

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

**INTRODUCTION**

Incorporated herein is the initial corrective action plan developed by the State of Alaska, Department of Health and Social Services, Division of Senior and Disability Services in collaboration with the technical assistance of National Quality Enterprise (NQE). This plan was created in response to preliminary findings of the Centers for Medicare and Medicaid Services (CMS), Region 10 submitted to the State of Alaska on June 26, 2009 as well as subsequent communication on July 31, 2009 and August 27, 2009 regarding Quality Improvement Strategies and subassurances found in Waiver Application version 3.5. It is the State's intent to be responsive in all areas of concern identified by CMS. To that end, the attached action plan is lengthy and repetitive in areas where similar actions will be taken to address multiple findings.

The Division of Senior and Disability Services (DSDS) acknowledges and accepts that revisions to this action plan are to be anticipated and will evolve from ongoing discussions between DSDS, CMS and Thomson Reuters' technical assistants. All may want to consider collapsing some of the action items presented herein (e.g. performance measures and affiliated actions with like due dates be collapsed into one document of the same name) to provide a streamlined mechanism of monitoring progress on activities.

STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009

<b>WAIVER PROGRAM</b>  OA = Older Alaskans APD = Adults with Physical Disabilities CCMC= Children with Complex Medical Conditions MRDD - Persons with Mental Retardation Developmental Disabilities	<b>ACTION ITEM</b>  QIW – Quality Improvement Workgroup	<b>RESPONSIBLE PERSON</b>  QA = Quality Assurance RAT = Research Analysis Team OIU = Operational Integrity Unit	<b>DUE DATE</b>	<b>STATUS</b>
<b><u>LEVEL OF CARE</u></b>  <b>Subassurance 1: Waiver applicants for whom there is reasonable indication that services may be needed in the future are provided an individual LOC evaluation</b>				
OA  APD  CCMC  MRDD	1. Conduct timely initial assessments/LOC evaluations.	Joanne Gibbens/Deputy Director  Others involved: Assessment Unit Manager	8/31/09	
	2. Evaluate staffing needs based on current model of conducting LOC reevaluations to eliminate the backlog of reassessments for all Waiver programs.	Rebecca Hilgendorf/Director  Others involved: Assessment Unit Manager, Deputy Director	9/3/09	8/28/09 - Staffing needs are being assessed and addressed in an ongoing manner. 8/20/09 - Initial Interim staffing analysis conducted to address current needs including backlog.
	3. Begin to implement staffing changes as required to meet identified needs based on current model of	Rebecca Hilgendorf/Director  Others involved: Assessment Unit Manager, Deputy Director	8/1/09	8/28/09 - Additional staff are being added and reassigned as needs are identified and funding is available. Work flow processes are being

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

	conducting initial assessments/LOC evaluations.			refined to promote efficiencies.
OA  APD  MRDD  CCMC	4. Develop and implement a process to continuously monitor staffing needs to conduct annual LOC determinations in a timely manner.	Rebecca Hilgendorf/Director  Others involved: Assessment Unit Manager, Deputy Director	11/1/09	8/20/09 - Initial Interim staffing analysis conducted to address current needs including backlog. 9/1/09 – Identify initial data elements to constitute management reports.
	5. Publish Request for Proposal or similar method to secure contract for comprehensive staffing analysis.	Rebecca Hilgendorf/Director  Others involved: Assessment Unit Manager, Deputy Director	7/1/10	
	6. Begin to evaluate staffing through a third party, needs to conduct LOC determinations as part of a comprehensive staffing evaluation that includes a focus on streamlining job functions.	Rob Edwardson/Administration Operations Manager  Others involved: Assessment Unit Manager, Deputy Director, Director, Waiver Unit Manager, Chief of Programs, Administration Operations Manager	1/1/11	8/13/09 - Begin research of agency to outsource comprehensive staffing review.

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p>OA APD MRDD CCMC</p>	<p>7. Begin to implement staffing measures to meet the staffing needs identified in the comprehensive assessment for conducting LOC assessments.</p>	<p>Rebecca Hilgendorf/Director</p> <p>Others involved: Assessment Unit Manager, Deputy Director, Director, Waiver Unit Manager, Chief of Programs, Rob Edwardson/Administration Operations Manager</p>	<p>7/1/11</p>	<p>8/2/09 – interim staffing adjustments include adding permanent and temporary staff to the assessment unit</p>
	<p>8. Develop performance measures regarding initial assessments for individual LOC evaluations including timelines for completion of initial assessment.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager, Chief of Programs, OIU Manager</p>	<p>11/9/09</p>	<p>8/19/09 - Draft performance measures developed.</p>
	<p>9. Develop monitoring process for performance measures regarding initial assessments for individual LOC evaluation.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager, Chief of Programs, OIU Manager</p>	<p>11/9/09</p>	
	<p>10. Develop monitoring tools for performance measures regarding initial assessments for individual LOC evaluation.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager, Chief of Programs, OIU Manager</p>	<p>11/9/09</p>	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA APD MRDD CCMC	11. Begin to educate staff and stakeholders on monitoring process and tools for LOC performance measures.	Andy Sandusky/OIU  Others involved: Chief of Programs	12/1/09	
	12. Begin to collect data required to monitor LOC performance measures.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	12/1/09	
	13. Submit first monitoring report on LOC performance measures to QIW for review and analysis.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	1/12/10	
	14. Develop DSDS policy defining "complete application" and submit language for regulatory revision if required.	Angela Salerno/Systems Development Manager  Others involved: Chief of Programs	10/20/09	8/20/09 - Draft policy developed.
	15. Begin to educate staff on the policy defining "complete application" and the impact on the LOC assessment / reassessment process.	Andy Sandusky/OIU Manager  Others involved: QA Unit Manager, Chief of Programs, RAT Manager	10/27/09	
	16. Develop remediation protocol to fix problems discovered during ongoing monitoring of	Kjersti Langnes/QA Unit Manager  Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs	1/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD CCMC MRDD</p>	initial LOS determinations.			
	17. Begin to educate staff on the remediation protocol for LOC performance measure variances.	<p style="text-align: center;">Andy Sandusky/OIU Manager</p> <p style="text-align: center;">Others involved: QA Unit Manager, Chief of Programs, RAT Manager</p>	2/8/10	
	18. Begin to collect data on remediation efforts related to LOC performance measure variances.	<p style="text-align: center;">Kjersti Langenes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	2/1/10	
	19. Submit first report to QIW regarding remediation efforts for performance measure variances.	<p style="text-align: center;">Kjersti Langenes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	3/9/10	
	20. Develop automated IT solutions to capture/track remediation actions for LOC remediation activities.	<p style="text-align: center;">Ted Israelson/ITS Manager</p> <p style="text-align: center;">Others involved: QA Unit Manager, RAT Manager, ITS Manager, Chief of Programs</p>	6/16/10	
CCMC	21. Develop plan for DSDS to begin to perform CCMC assessments for LOC determination.	<p style="text-align: center;">Leanna Rein/Assessment Unit Manager</p> <p style="text-align: center;">Others involved:, Deputy Director, Director, Waiver Unit Manager, Chief of Programs</p>	3/18/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

CCMC	22. DSDS staff begin to perform CCMC assessments for LOC determination.	Leanna Rein/Assessment Unit Manager  Others involved: Deputy Director, Director, Waiver Unit Manager, Chief of Programs	10/1/10	
------	---	---	---------	--

**LEVEL OF CARE**

**Subassurance 2: The LOC of enrolled participants is reevaluated at least annually or as specified in the approved waiver.**

OA APD MRDD CCMC	1. Eliminate backlog of reassessments for all Waiver programs.	Joanne Gibbens/Deputy Director  Others involved: Assessment Unit Manager	10/15/09	8/20/09 – Timeline has been developed.
	2. Evaluate staffing needs based on current model of conducting LOC reevaluations to eliminate the backlog of reassessments for all Waiver programs.	Rebecca Hilgendorf/Director  Others involved: Assessment Unit Manager, Deputy Director	9/3/09	8/28/09 - Staffing needs have been evaluated in an ongoing manner since prior to 6/26/09 and ongoing, staffing needs are being evaluated in an ongoing effort to address evolving needs.
	3. Begin to implement staffing changes as required to meet identified needs based on current model of staffing.	Rebecca Hilgendorf/Director  Others involved: Assessment Unit Manager, Deputy Director	8/1/09	6/26/09 – ongoing -Staffing needs are being addressed concurrent with staffing of assessors to conduct reassessments.

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	<p>4. Develop and implement a process to continuously monitor staffing needs to conduct annual LOC determinations in a timely manner.</p>	<p style="text-align: center;">Rebecca Hilgendorf/Director</p> <p>Others involved: Assessment Unit Manager, Deputy Director</p>	11/1/09	<p>9/1/09 – Outline data elements of manager reports</p>
	<p>5. Begin to evaluate staffing needs to conduct LOC reassessments as part of a comprehensive staffing analysis by a third party to reflect system changes such as electronic assessment tools and streamlined processes.</p>	<p style="text-align: center;">Assessment Unit Manager, Deputy Director, Director, Waiver Unit Manager, Chief of Programs, Administration Operations Manager</p>	1/1/11	<p>8/20/09 - Interim staffing analysis conducted to address current needs including backlog. 8/13/09 - Begin research of agency to outsource comprehensive staffing review. Item will depend on availability of funding.</p>
	<p>6. Begin to implement staffing measures to meet the identified in staffing needs for conducting LOC reassessments.</p>	<p style="text-align: center;">Rebecca Hilgendorf/Director</p> <p>Others involved: Assessment Unit Manager, Deputy Director, Director, Waiver Unit Manager, Chief of Programs, Rob Edwardson/Administration Operations Manager</p>	7/1/11	<p>8/20/09 – interim staffing adjustments include adding permanent and temporary staff to the assessment unit. Item will depend on availability of funding.</p>
	<p>7. Explore and assess alternative model(s) for conducting annual reassessments.</p>	<p style="text-align: center;">Rebecca Hilgendorf/Director</p> <p>Others involved: Deputy Director, QA Unit Manager, Waiver Unit Manager, Systems Development Manager, Chief of Programs</p>	12/15/09	



**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	8. Develop an action plan for implementation of the chosen model to pursue for conducting annual reassessments for determination of LOC and service planning.	<p style="text-align: center;">Angela Salerno/Systems Development Manager</p> <p style="text-align: center;">Others involved: Deputy Director, QA Unit Manager, Waiver Unit Manager, Chief of Programs</p>	2/3/10	
	9. Implement chosen alternative model for conducting annual reassessments for determination of LOC and service planning.	<p style="text-align: center;">Rebecca Hilgendorf/Director</p> <p style="text-align: center;">Others involved: Deputy Director, QA Unit Manager, Waiver Unit Manager, Systems Development Manager, Chief of Programs</p>	7/1/10	
	10. Develop performance measures for annual reassessments, including timeliness.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Assessment Unit Manager, Waiver Unit Manager, Director Chief of Programs</p>	11/9/09	8/19/09 - Draft performance measures developed.
	11. Develop monitoring process for annual reassessment performance measures.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	11/9/09	
	12. Develop monitoring tools for annual reassessment performance measures.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	11/9/09	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	13. Begin to provide staff and stakeholder training on performance measures for annual reassessments.	<p style="text-align: center;">Andy Sandusky/OIU Manager</p> <p style="text-align: center;">Others involved: Kjersti Langnes/QA Unit Manager, Chief of Programs</p>	12/1/09	
	14. Begin to collect monitoring data for annual reassessment performance measures.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	1/1/10	
	15. Produce first report of LOC reassessment performance measure monitoring data to QIW.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	2/9/09	
	16. Develop remediation protocol for LOC reassessment performance measure variances.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved:, Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	1/26/10	
	17. Provide staff education regarding remediation protocol for LOC reassessment performance measure variances.	<p style="text-align: center;">Andy Sandusky/OIU Manager</p>	2/19/09	
	18. Begin to collect data on the remediation efforts for LOC reassessment performance measure variances.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	3/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA  APD  MRDD  CCMC	19. Produce first report of remediation efforts for LOC reassessment performance measure variances to the QIW.	Kjersti Langnes/QA Unit Manager  Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs	4/13/10	
	20. Develop DSDS policy defining "due date" for annual reassessment and monitoring process.	Angela Salerno/Systems Development Manager	12/8/09	
	21. Publish policy and provide education to staff and key stakeholders, outlining the implications of the due date definition to work flow and performance timelines.	Angela Salerno/Systems Development Manager  Others involved: OIU Manager, Chief of Programs	12/15/09	
CCMC	22. Develop plan for DSDS to perform CCMC annual reassessments.	Leanna Rein/Assessment Unit Manager  Others involved: Deputy Director, Director, Waiver Unit Manager, Chief of Programs	3/18/10	
	23. Begin to perform CCMC annual reassessments.	Leanna Rein/Assessment Unit Manager  Others involved: Deputy Director, Director, Waiver Unit Manager, Chief of Programs	10/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

**LEVEL OF CARE**

**Subassurance 3: The processes and instruments described in the approved waiver are applied to LOC determinations.**

<p>OA APD MRDD CCMC</p>	1. Develop case file review procedure and monitoring tool elements for reviewing use of approved forms.	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved:, Assessment Unit Manager, Waiver Unit Manager, Systems Development Manager, Chief of Programs</p>	1/26/10	
	2. Develop performance measure regarding use of approved forms.	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	11/9/10	8/17/09 – Draft performance measures developed.
	3. Develop tool to monitor use of approved forms.	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	1/26/10	
	4. Begin to educate staff and key stakeholders regarding use of approved forms	<p>Andy Sandusky/OIU Manager</p> <p>Others involved: QA Manager</p>	2/3/10	
	5. Begin to collect data for the monitoring of utilization of correct approved form.	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Systems Development Manager, Chief of Programs</p>	3/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	6. Submit first report to QIW regarding findings from monitoring of utilization correct approved forms.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Assessment Unit Manager, Waiver Unit Manager, Systems Development Manager, Chief of Programs</p>	4/13/10	
	7. Develop performance measures related to LOC determination criteria being applied correctly.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved:, Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	11/9/09	8/17/09 - Draft performance measures developed.
	8. Develop review tool for assessing if LOC determination criteria is applied correctly.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	1/26/10	
	9. Educate staff and key stakeholders on performance measures for LOC determinations.	<p style="text-align: center;">Andy Sandusky/OIU Manager</p> <p style="text-align: center;">Others involved: QA Unit Manager, Chief of Programs</p>	2/19/10	
	10. Begin data collection on performance measure compliance regarding LOC determinations.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p style="text-align: center;">Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	3/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p>OA APD MRDD CCMC</p>	11. Submit first report of findings on data collected regarding performance measures for LOC determinations to QIW.	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	4/13/10	
	12. Develop remediation protocol for variances from LOC determination performance measures. to QIW.	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	2/9/10	
	13. Educate staff and key stakeholders on remediation protocol related to variances on LOC determination performance measure.	<p>Andy Sandusky/OIU Manager</p> <p>Others involved: QA Unit Manager, Chief of Programs</p>	2/22/10	
	14. Begin to collect data on the remediation efforts for LOC determination performance measure variances.	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	4/1/10	
	15. Produce first report of remediation efforts for LOC determination performance measure variances to the QIW.	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	5/11/10	
	16. Develop IT solution to capture/track remediation actions.	<p>Ted Israelson/ITS Manager</p> <p>Others involved: QA Unit Manager, RAT Manager, Director Chief of Programs,</p>	6/16/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

MRDD	17. Review alternative approaches for the functional component of MRDD LOC determinations and submit concept paper on desired model.	Lynne Keilman-Cruz/Waiver Unit Manager  Others involved:, Chief of Programs	12/15/09	
	18. Deliver action plan for development and implementation of the chosen alternate model of conducting LOC determinations and the functional component of MRDD LOC.	Lynne Keilman-Cruz/Waiver Unit Manager  Others involved: Chief of Programs	2/3/10	
	19. If needed, submit waiver plan amendment to reflect modifications to annual redetermination tool/process when developed.	Angela Salerno, Systems Development Manager  Others involved: Waiver Unit Manager, Chief of Programs	2/3/10	
	20. Evaluate need for regulatory changes and submit language for regulatory revision if required by newly developed annual reassessment process if	Joanne Gibbens/Deputy Director  Others involved: Waiver Unit Manager	10/6/10	

STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009

	required.			
--	-----------	--	--	--

**SERVICE PLAN**

**Subassurance 1: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.**

OA APD MRDD CCMC	1. Develop policy and procedure to compare key elements of assessment with service plan to assure adequate and appropriate services are identified in the service plan related to participant risks, goals and needs.	Angela Salerno/Systems Development Manager  Waiver Unit Manager, QA Unit Manager, OIU Manager, Chief of Programs	1/26/10	8/20/09 - Draft policy developed.
---------------------------	---	--	---------	-----------------------------------



**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	<p>2. Provide staff and stakeholder education on policy and procedure to compare key elements of assessment with service plan to assure adequate and appropriate services are identified in the service plan related to participant risks, goals, and needs.</p>	<p style="text-align: center;">Andy Sandusky/OIU Manager</p> <p>Others involved: Waiver Unit Manager, QA Unit Manager, Chief of Programs</p>	2/22/10	
	<p>3. Develop performance measures for service planning that addresses participant needs participant risks, goals and needs.</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	11/9/09	8/20/09 - Draft policy developed.
	<p>4. Develop monitoring tool to compare key elements of assessment with service plan to assure adequate and appropriate services are identified in the service plan related to participant risks, goals and needs.</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	2/9/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	<p>5. Educate staff and key stakeholders on performance measures for service plans that address participant needs, risks, goals and needs.</p>	<p style="text-align: center;">Andy Sandusky/OIU Manager</p>	<p style="text-align: center;">2/22/10</p>	
	<p>6. Begin data collection on performance measure compliance regarding service plan addressing needs participant risks, goals and needs.</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	<p style="text-align: center;">3/1/10</p>	
	<p>7. Submit first report of findings on data collected regarding performance measures for service plan addressing needs participant risks, goals and needs.</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	<p style="text-align: center;">4/13/10</p>	
	<p>8. Develop remediation protocol for variances from service plan addressing needs participant risks, goals and needs.</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	<p style="text-align: center;">3/9/10</p>	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p>OA APD MRDD CCMC</p>	<p>9. Educate staff and key stakeholders on remediation protocol related to variances service plan addressing needs participant risks, goals and needs.</p>	<p>Andy Sandusky/OIU Manager</p> <p>Others involved: QA Manager, Chief of Programs</p>	<p>3/22/10</p>	
	<p>10. Begin to collect data on the remediation efforts for service plan addressing needs participant risks, goals and needs.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	<p>4/1/10</p>	
	<p>11. Produce first report of remediation efforts for service plan addressing needs participant risks, goals and needs.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	<p>5/11/10</p>	
	<p>12. Analyze and refine current assessment and reassessment tools and processes to ensure that participant risks are identified and mitigated.</p>	<p>Leanna Rein/Assessment Unit Manager</p> <p>Waiver Unit Manager, QA Unit Manager, OIU Manager, ITS Manager, RAT Manager, Chief of Programs</p>	<p>5/26/10</p>	
	<p>13. Analyze and refine current assessment and reassessment tools and processes to ensure that participant risks are identified and person-centered planning is</p>	<p>Leanna Rein/Assessment Unit Manager</p> <p>Waiver Unit Manager, QA Unit Manager, OIU Manager, ITS Manager, RAT Manager, Chief of Programs</p>	<p>5/26/10</p>	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	carried out.			
	14. Develop and begin delivering provider training regarding person-centered service planning.	Andy Sandusky/OIU Manager	7/1/10	
	15. Develop and implement automated service plan that reflects person-centered planning.	Ted Israelson/ITS Manager  Others involved: RAT Unit Manager, Waiver Unit Manager, Chief of Programs	8/18/10	
	16. Establish service plan standards, investigate best practices and provide oversight through monitoring.	Lynne Keilman-Cruz/Waiver Unit Manager  Others involved: RAT Unit Manager, QA Unit Manager, Chief of Programs, OIU Manager, Systems Development	3/16/10	
	17. Develop automated monitoring tool for service plan standards to monitor service plans for adequate and appropriateness, ensuring person-centered planning based on identified needs and risks is occurring.	Ted Israelson/ITS Manager  Others involved: RAT Unit Manager, Waiver Unit Manager, Chief of Programs, OIU Manager, Systems Development Manager, QA Unit Manager	7/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

	18. Develop safeguards to address the potential issue of conflict of interest by assuring that the service providers' status is disclosed to the participant and the participant is aware of the choices available for alternative care providers.	Lynne Keilman-Cruz/Waiver Unit Manager  Others involved: RAT Unit Manager, QA Unit Manager, Chief of Programs, OIU Manager, Systems Development	3/17/10	
<b><u>SERVICE PLAN</u></b>				
<b>Subassurance 2: The state monitors service plan development in accordance with its policies and procedures.</b>				
OA APD MRDD CCMC	1. Develop performance measures for monitoring service plan development in accordance with policies and procedures.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Unit Manager, Systems Development Manager Waiver Unit Manager, Chief of Programs, OIU Manager	11/9/09	8/17/09 – Draft performance measures developed.
	2. Develop review tool for assessing monitoring service plan development in accordance with policies and procedures.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Unit Manager, Systems Development Manager Waiver Unit Manager, Chief of Programs, OIU Manager	12/1/09	
	3. Educate staff and key stakeholders on performance measures for service plan development in accordance with policies and procedures.	Andy Sandusky/OIU Manager  Others involved: Chief of Programs, QA Unit Manager	1/4/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

APD  MRDD  OA  CCMC	4. Begin data collection on performance measure compliance regarding service plan development in accordance with policies and procedures.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Unit Manager, Systems Development Manager Waiver Unit Manager, Chief of Programs, OIU Manager	2/1/10	
	5. Submit first report of data collected regarding compliance with service plan development policies and procedures.	Kjersti Langnes/QA Unit Manager	3/9/10	
	6. Develop remediation protocol for variances from service plan development in accordance with policies and procedures.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Unit Manager, Systems Development Manager Waiver Unit Manager, Chief of Programs, OIU Manager	2/17/10	
	7. Educate staff and key stakeholders on remediation protocol related to variances on service plan development in accordance with policies and procedures.	Andy Sandusky/OIU Manager  Others involved: Chief of Programs, QA Manager	3/1/10	
	8. Begin to collect data on the remediation efforts for service plan development in accordance with policies and procedures.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Unit Manager, Systems Development Manager Waiver Unit Manager, Chief of Programs, OIU Manager	4/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	<p>9. Produce first report to QIW of remediation efforts for service plan development in accordance with policies and procedures.</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: RAT Unit Manager, Systems Development Manager Waiver Unit Manager, Chief of Programs, OIU Manager</p>	5/11/10	
	<p>10. Develop IT solution to capture/track remediation actions.</p>	<p style="text-align: center;">Ted Israelson/ITS Manager</p> <p>Others involved: RAT Manager, QA Manager, Chief of Programs</p>	6/16/10	
	<p>11. Develop long term staffing plan for quality assurance unit that includes subject matter experts such as nursing staff and program experts.</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Chief of Programs, OIU Manager, Waiver Unit Manager</p>	1/1/10	
	<p>12. Develop a brochure describing available services and a plan for brochure distribution.</p>	<p style="text-align: center;">Lynne Keilman-Cruz/Waiver Unit Manager</p> <p>Others involved: Chief of Programs</p>	12/8/09	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

**SERVICE PLANS**

**Subassurance 3: Service Plans are updated/revised at least annually or when warranted by changes in waiver participation needs.**

OA APD MRDD CCMC	1. Eliminate backlog annual service plan updates for all Waiver programs.	Joanne Gibbens/Deputy Director  Others involved: Assessment Unit Manager, Waiver Unit Manager	10/15/09	8/20/09 - Develop timeline for completing backlog.
	2. Evaluate staffing needs based on current model of conducting annual service plan updates for all Waiver programs.	Rebecca Hilgendorf/Director  Others involved: Assessment Unit Manager, Deputy Director	9/3/09	8/28/09 – Staffing needs have been evaluated and ongoing analysis continues.
	3. Begin to implement staffing measures based upon evaluation to conduct annual service plan updates for all Waiver programs.	Rebecca Hilgendorf/Director  Others involved: Assessment Unit Manager, Deputy Director	8/20/09	8/28/09 – Staffing needs are being addressed with the addition of staff as needs are identified and funding is available.
	4. Develop and implement a process to continuously monitor staffing needs to conduct annual service plan updates in a timely manner.	Rebecca Hilgendorf/Director  Others involved: Assessment Unit Manager, Deputy Director	11/1/09	9/1/09 – Begin to define data elements to incorporate into manager report.



**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	<p>5. Begin to evaluate staffing needs to conduct annual service plan updates as part of a comprehensive staffing analysis including system changes such as electronic service planning tools and streamlined processes.</p>	<p style="text-align: center;">Rebecca Hilgendorf/Director</p> <p>Others involved: Assessment Unit Manager, Deputy Director, Director, Waiver Unit Manager, Chief of Programs, Administration Operations Manager</p>	1/1/11	
	<p>6. Begin to implement staffing measures to meet the identified staffing needs for conducting annual service plan updates in a timely manner.</p>	<p style="text-align: center;">Rebecca Hilgendorf/Director</p> <p>Others involved: Assessment Unit Manager, Deputy Director, Director, Waiver Unit Manager, Chief of Programs, Administration Operations Manager</p>	7/1/11	
	<p>7. Develop DSDS policy defining "due date" for annual service planning and monitoring process.</p>	<p>Angela Salerno/Systems Development Manager</p> <p>Others involved: Waiver Unit Manager, Chief of Programs</p>	12/8/09	
	<p>8. Publish policy defining "due date" and provide education to staff and key stakeholders, outlining the implications of the due date definition to work flow and performance timelines.</p>	<p>Angela Salerno/Systems Development Manager</p> <p>Others involved: OIU Manager, Chief of Programs</p>	12/15/09	
	<p>9. Develop performance measures related to service plans being</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manger</p> <p>Others Involved: Chief of Programs, OIU</p>	11/9/09	8/17/09 – Drafted performance measures.

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	updated annually or when warranted by changes in recipient needs.	Manager, Waiver Unit Manager		
	10. Develop review tool for assessing monitoring service plans being updated annually or when warranted by changes in recipient needs.	Kjersti Langnes/QA Unit Manger  Others Involved: Chief of Programs, OIU Manager, Waiver Unit Manager	1/26/10	
	11. Educate staff and key stakeholders on performance measures for service plans being updated annually or when warranted by changes in recipient needs.	Andy Sandusky/OIU Manager  Others involved: QA Unit Manager, Chief of Programs	2/9/10	
	12. Begin data collection on performance measure compliance regarding service plans be in updated annually or when warranted by changes in recipient needs.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Unit Manager, System Development Manager, Waiver Unit Manager, Chief of Program, OIU Manager	2/1/10	
	13. Submit first report to QIW of findings on data collected on performance measure standards regarding compliance to service plans being updated annually or when warranted by changes in recipient needs.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Unit Manager, System Development Manager, Waiver Unit Manager, Chief of Programs, OIU Manager	3/9/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p>OA APD MRDD CCMC</p>	<p>14. Develop remediation protocol for variances from service plans being updated annually or when warranted by changes in recipient needs.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: RAT Unit Manager System Development Manager, Waiver Unit Manager, Chief of Programs, OIU Manager</p>	<p>3/9/10</p>	
	<p>15. Educate staff and key stakeholders on remediation protocol related to variances on service plans being updated annually or when warranted by changes in recipient needs.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: RAT Unit Manager, System Development Manager, Waiver Unit Manager, Chief of Programs, OIU Manager</p>	<p>3/22/10</p>	
	<p>16. Begin to collect data on the remediation efforts for service plans being updated annually or when warranted by changes in recipient needs.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: RAT Unit Manager, System Development Manager, Waiver Unit Manager, Chief of Programs, OIU Manager</p>	<p>4/1/10</p>	
	<p>17. Produce first report to QIW of remediation efforts for service plans being updated annually or when warranted by changes in recipient needs.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: RAT Unit Manager, System Development Manager, Waiver Unit Manager, Chief of Programs, OIU Manager</p>	<p>5/11/10</p>	
	<p>18. Develop IT solution to capture/track remediation actions related to service plans being updated annually or when</p>	<p>Ted Israelson/IATS Manager</p> <p>Others involved: RAT Unit Manager, QA Unit Manager, Chief of Programs</p>	<p>6/16/10</p>	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA  APD  MRDD  CCMC	warranted by changes in recipient needs.			
	19. Define criteria, develop and implement waiver service plan amendment policy and procedure.	Angela Salerno/Systems Development Manager  Others involved: Waiver Unit Manager, Chief of Programs.	12/14/09	
	20. Begin training of providers on waiver service plan amendment policy and procedure.	Andy Sandusky/OIU Manager  Others involved: Waiver Unit Manager, Chief of Programs	1/12/10	
<b><u>SERVICE PLANS</u></b>				
<b>Subassurance 4: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.</b>				
OA  APD  MRDD  CCMC	1. Develop performance measures to compare that services are being delivered in accordance with service plan	Kjersti Langnes/QA Unit Manager  Others involved: RAT Manager, Assessment Unit Manager Waiver Unit Manager, Chief of Programs	11/9/09	
	2. Develop review tool for assessing services being delivered in accordance with service plan.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Manager, Assessment Unit Manager Waiver Unit Manager, Chief of Programs	1/26/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	3. Educate staff and key stakeholders on performance measures for services being delivered in accordance with service plan.	<p style="text-align: center;">Andy Sandusky/OIU Manager</p> <p>Others involved: QA Unit Manager, Chief of Programs</p>	2/9/10	
	4. Begin data collection on performance measure compliance regarding services being delivered in accordance with service plans.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: RAT Manager, Assessment Unit Manager Waiver Unit Manager, Chief of Programs</p>	2/1/10	
	5. Submit first report to QIW of findings on data collected regarding performance measures for services being delivered in accordance with service plans.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	3/9/10	
	6. Develop remediation protocol for variances from services being delivered in accordance with service plan.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	2/9/10	
	7. Educate staff and key stakeholders on remediation protocol related to variances on services being delivered in accordance with service plan.	<p style="text-align: center;">Andy Sandusky/OIU Manager</p> <p>Others involved: QA Unit Manager, Chief of Programs</p>	2/22/10	
	8. Begin to collect data on the remediation efforts for services being delivered in accordance with service plan.	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	4/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA  APD  MRDD  CCMC	9. Produce first report to QIW of remediation efforts for variances in services being delivered in accordance with service plan.	Kjersti Langnes/QA Unit Manager  Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs	5/11/10	
	10. Develop IT solution to capture/track remediation actions related to variances in services being delivered in accordance with service plan.	Ted Israelson/ITS Manager  Others involved:  QA Unit Manager, Chief of Programs	6/16/10	

**SERVICE PLANS**

**Subassurance 5: Participants are afforded choice between waiver services and institutional care and between / among waiver services and providers.**

OA  APD  MRDD  CCMC	1. Review section IX of the Plan of Care and revise the language to include an affirmative statement by the participant or their representative that they have received information regarding choice of services and providers.	Lynne Keilman-Cruz/Waiver Unit Manager  Others involved: QA Unit Manager, Chief of Programs, Waiver Unit Manager, OIU Manager	2/17/10	
---------------------------------------	---	---	---------	--

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	2. Begin training of providers on Choice requirements.	Andy Sandusky/OIU Manager	2/17/10	
	3. Develop performance measures regarding participant choice of services and providers.	Kjersti Langnes/QA Unit Manager Involved others: RAT Manager, Assessment Unit Manager, Waiver Unit Manager,	11/9/09	8/20/09 - Performance measures drafted.
	4. Develop participant record review tool for assessing that the participant was offered choice of services and providers.	Kjersti Langnes/QA Unit Manager Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	1/26/10	
	5. Educate staff and key stakeholders on performance measures for participant was offered choice of services and providers.	Andy Sandusky/OIU Manager Others involved: QA Unit Manager, Chief of Programs	1/4/10	
	6. Begin data collection on current client choice system and then modify if necessary, based on refined performance measure compliance regarding participant was offered choice of services and providers.	Kjersti Langnes/QA Unit Manager Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	2/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p>OA APD MRDD CCMC</p>	<p>7. Submit first report to QIW of findings on data collected regarding performance measures for participant was offered choice of services and providers.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	<p>3/9/10</p>	
	<p>8. Develop remediation protocol for variances from participant was offered choice of services and providers.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	<p>2/9/10</p>	
	<p>9. Educate staff and key stakeholders on remediation protocol related to variances on participant was offered choice of services and providers.</p>	<p>Andy Sandusky/OIU Manager</p> <p>Others involved: QA Unit Manager, Chief of Programs</p>	<p>2/22/10</p>	
	<p>10. Begin to collect data on the remediation efforts for participant was offered choice of services and providers.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	<p>3/1/10</p>	



**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA  APD  MRDD  CCMC	11. Produce first report to QIW of remediation efforts for participant was offered choice of services and providers.	Kjersti Langnes/QA Unit Manager  Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs	4/13/10	
	12. Develop IT solution to capture/track remediation actions.	Ted Israelson/ITS Manager  Others involved: QA Unit Manager, RAT Manager	6/16/10	

**QUALIFIED PROVIDERS**

**Subassurance 1: The state verifies that providers initially and continually meet required licensure and / or certification standards and adhere to other standards prior to their furnishing waiver services.**

OA  APD  MRDD  CCMC	1. Refine provider standards by provider type and develop processes and tools for monitoring.	Kjersti Langnes/QA Unit Manager  Others involved: Chief of Programs, OIU Manager, Waiver Unit Manager, Systems Development Manager, Deputy Director	8/25/10	
	2. Integrate the refined performance standards into provider agreements.	Kjersti Langnes/QA Unit Manager  Others involved: System Develop Manager, Chief of Programs	3/17/11	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA  APD  MRDD  CCMC</p>	<p>3. Begin to analyze staffing needs to implement quality assurance measures including provider oversight and sanctions and develop strategy for increasing staffing required to conduct provider reviews as part of a comprehensive staffing analysis based upon refined processes.</p>	<p style="text-align: center;">Rebecca Hilgendorf/Director</p> <p>Others involved: Assessment Unit Manager, Deputy Director, Director, Waiver Unit Manager, Chief of Programs, Administration Operations Manager</p>	7/1/10	
	<p>4. Implement strategy for increasing staffing required to conduct provider reviews, track provider corrective action plans and verify that remediation has occurred.</p>	<p style="text-align: center;">Rebecca Hilgendorf/Director</p> <p>Others involved: Assessment Unit Manager, Deputy Director, Director, Waiver Unit Manager, Chief of Programs, Administration Operations Manager</p>	1/1/11	
	<p>5. Explore feasibility of performance-based contracting with providers including care coordinators.</p>	<p style="text-align: center;">Joanne Gibbens/Deputy Director</p> <p>Others involved: Chief of Programs</p>	2/3/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p>OA APD MRDD CCMC</p>	<p>6. Develop action plan for implementation if performance-based contracting with providers including care coordinators is adopted.</p>	<p>Joanne Gibbens/Deputy Director</p> <p>Others involved: Chief of Programs</p>	<p>9/1/10</p>	
	<p>7. Refine criteria and system for provider site visits and establish visit schedule.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Chief of Programs, OIU Manager, Waiver Unit Manager</p>	<p>7/1/10</p>	
	<p>8. Develop provider monitoring review tool.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Chief of Programs, OIU Manager, Waiver Unit Manager</p>	<p>7/1/10</p>	
	<p>9. Develop progressive remediation policy that provides for tiered remediation which may include corrective action plan requirements for providers who repeatedly fail to meet provider standards, sanctions and measures up to and including loss of provider status for repeated failures to meet.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Chief of Programs</p>	<p>8/18/10</p>	
	<p>10. Develop IT solution to capture/track remediation actions.</p>	<p>Ted Israelson/ITS Manager</p> <p>Others involved: QA Unit Manager, RAT Manager</p>	<p>6/16/10</p>	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

**QUALIFIED PROVIDERS**

**Subassurance 3: The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and approved waiver.**

OA APD MRDD CCMC	1. Develop performance measures regarding implementation of policies and procedures for provider training.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Manager Assessment Unit Manager Waiver Unit Manager	11/9/09	
	2. Develop review tool for assessing implementation of policies and procedures for provider training.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Manager Assessment Unit Manager Waiver Unit Manager	3/9/10	
	3. Educate staff and key stakeholders on performance measures for implementation of policies and procedures for provider training.	Andy Sandusky/OIU Manager  Others involved: QA Unit Manager, Chief of Programs	3/22/10	
	4. Begin data collection on performance measure compliance regarding implementation of policies and procedures for provider training	Kjersti Langnes/QA Unit Manager  Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	4/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	<p>5. Submit first report to QIW of findings on data collected regarding performance measures for implementation of policies and procedures for provider training</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	5/11/10	
	<p>6. Develop remediation protocol for variances from implementation of policies and procedures for provider training</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs</p>	3/9/10	
	<p>7. Educate staff and key stakeholders on remediation protocol related to variances on implementation of policies and procedures for provider training.</p>	<p style="text-align: center;">Andy Sandusky/OIU Manager</p> <p>Others involved: QA Unit Manager Chief of Programs.</p>	3/22/10	
	<p>8. Begin to collect data on the remediation efforts for implementation of policies and procedures for provider training</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	5/1/10	
	<p>9. Produce first report to QIW of remediation efforts for implementation of policies and procedures for provider training</p>	<p style="text-align: center;">Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	6/8/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA APD MRDD CCMC	10. Develop IT solution to capture/track remediation actions.	Ted Israelson/ITS Manager  Others involved: QA Unit Manager, RAT Manager, Chief of Programs	6/16/10	
	11. Refine process for identifying provider training needs and develop a plan for addressing the needs and evaluate efficacy of training.	Andy Sandusky/OIU Manager  Others involved: QA Unit Manager, Chief of Programs, Waiver Unit Manager, Systems Development Manager	4/13/10	

**HEALTH AND WELFARE**

**Subassurance 1: On an ongoing basis the state identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.**

OA APD	1. Review the vital statistics death data for the 227 deaths that occurred for waiver participants identified during the CMS review and submit summary report of findings.	Kjersti Langnes/QA Unit Manager	9/3/09	
	2. Provide supplemental report on any outstanding mortality cases of the 227 for whom data was unavailable prior to 9/3/09.	Kjersti Langnes/QA Unit Manager	10/3/09	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p style="text-align: center;">OA APD MRDD CCMC</p>	3. Draft and submit routine periodic reports of provider training on the critical incident report system and mortality review for scheduled CMS teleconferences.	Kjersti Langnes/QA Unit Manager	8/20/09	
	4. Implement Quality Assurance Referral policy. The mechanism for reporting to the QA unit feedback including complaints or suspected improper use of an SDS program.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Unit Manager, Chief of Programs,	1/1/10	8/14/09 - Draft policy developed.
	5. Educate staff and key stakeholders on Quality Assurance Referral policy for communicating complaints or suspected improper use of an SDS program.	Sandy Sandusky/ITS Manager  Others involved: RAT Unit Manager, QA Unit Manager, Chief of Programs,	1/11/10	
	6. Develop an automated QA referral reporting system and tracking tool.	Ted Israelson/ITS Manager  Others involved: RAT Unit Manager, QA Unit Manager, Chief of Programs, ITS Manager	2/18/11	
	7. Develop automated process for care coordinators to submit routine reports of visits to participants to DSDS to verify that care coordinators are identifying resident risks and change in condition/needs.	Ted Israelson/ITS Manager  Others involved: QA Unit Manager, Systems Development Manager, Chief of Programs, OIU Manager, RAT Unit Manager	11/17/10	8/14/09 - Draft care coordinator note form developed.

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA APD MRDD CCMC	8. Develop critical incident database that includes data fields related to required corrective actions and documentation of completed actions necessary to assure the health and welfare of a waiver participant.	Chris Hamilton/RAT Unit Manager  Others involved: Quality Assurance Unit Manager, Chief of Programs, Waiver Unit Manager, ITS Manager	11/22/09	Critical incident management system in development. Critical incident policy developed and implemented 7/1/09.
	9. Refine the process for analyzing critical incident reporting data to identify gaps in response to critical incidents and implement remedial measures.	Kjersti Langnes/Quality Assurance Unit Manager  Others involved: Chief of Programs, RAT Unit Manager, Waiver Unit Manager	12/15/10	8/20/09 - Emergency and back-up plans drafted.
	10. Develop performance measures that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	11/9/09	8/18/09 - Draft performance measures.
	11. Develop review tool for assessing methods that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation	Kjersti Langnes/QA Unit Manager  Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	3/9/10	
	12. Educate staff and key stakeholders on performance	Andy Sandusky/OIU Manager	3/22/10	



**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA AD MRDD CCMC	measures for methods that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation	Others involved: QA Unit Manager, Chief of Programs		
	13. Begin data collection on performance measure compliance regarding methods that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation	Kjersti Langnes/QA Unit Manager  Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	4/1/10	
	14. Submit first report to QIW of findings on data collected regarding performance measures for methods that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation	Kjersti Langnes/QA Unit Manager  Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	5/11/10	
	15. Develop remediation protocol for variances from methods that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation	Kjersti Langnes/QA Unit Manager  Others involved: Assessment Unit Manager, Waiver Unit Manager, Chief of Programs	4/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p>OA APD MRDD CCMC</p>	<p>16. Educate staff and key stakeholders on remediation protocol related to variances from methods that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation</p>	<p>Andy Sandusky/OIU Manager</p> <p>Others involved: QA Unit Manager, Chief of Programs</p>	<p>3/22/10</p>	
	<p>17. Begin to collect data on the remediation efforts for methods that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	<p>5/1/10</p>	
	<p>18. Produce first report to QIW of remediation efforts for methods that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Waiver Unit Manager, Assessment Unit Manager, Chief of Programs</p>	<p>6/8/10</p>	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

<p>OA APD MRDD CCMC</p>	<p>19. Develop IT solution to capture/track remediation actions related to performance measures that address restraints, medication monitoring, health, prevention of abuse, neglect and exploitation.</p>	<p>Ted Israelson/ITS Manager</p> <p>Others involved: QA Unit Manager, RAT Manager</p>	<p>6/16/10</p>	
	<p>20. Develop IT solution to submit critical incident reports from providers and others.</p>	<p>Ted Israelson/ITS Manager</p> <p>Others involved: QA Unit Manager, RAT Manager</p>	<p>6/16/10</p>	
	<p>21. Review current provider agreements to ensure adequate performance standards are in place for state oversight and monitoring.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Systems Development Manager, Waiver Manager, RAT Manager</p>	<p>2/1/10</p>	
	<p>22. Revise provider agreements as necessary to incorporate performance standards that are not presently referenced.</p>	<p>Kjersti Langnes/QA Unit Manager</p> <p>Others involved: Systems Development Manager, Waiver Manager, RAT Manager</p>	<p>6/1/10</p>	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

**ADMINISTRATIVE AUTHORITY**

**Subassurance 1: the Medicaid agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other State and local/regional non-State agencies (if appropriate) and contracted entities.**

OA APD MRDD CCMC	1. Update the SDS website to reflect current public information and develop process for maintaining currency with this information.	Angela Salerno/System Development Manager	10/17/09	
APD	2. Address the current issues identified in the APD Waiver regarding habilitation services.	Angela Salerno/systems Development Manager  Others involved: RAT Unit Manager, QA Unit Manager, Waiver Unit Manager, Chief of Programs, OIU Manager	10/20/09	
	3. Implement selected policy change regarding habilitation services available/not available for all APD waiver participants.	Lynne Keilman-Cruz/Waiver Program Manager  Others involved: Chief of Programs	7/1/10	
	4. Provide education to key stakeholders on policy change.	Andy Sandusky/OIU Manager	7/6/10	
	5. Secure regulatory amendments as required to address APD waiver participants with MR diagnoses to access	Angela Salerno/System Development Manager  Others involved: RAT Unit Manager, QA Unit Manager, Waiver Unit Manager, Chief of Programs, OIU Manager	2/1/11	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

	habilitation service.			
--	-----------------------	--	--	--

**FINANCIAL ACCOUNTABILITY**

**Subassurance 1: State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specific to the approved waiver.**

OA APD MRDD CCMC	1. Develop process to compare claims against services provided to monitor waiver utilization and cost.	Kjersti Langnes/QA Unit Manager  Others involved: OIU Manager, RAT Manager, Assessment Unit Manager	12/8/09	
	2. Develop performance measures related to claim submission consistent with services provided.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager,	12/8/09	
	3. Develop data collection tool related to claim submission consistent with services provided.	Kjersti Langnes/QA Unit Manager  Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager	1/26/10	Kjersti Langnes
	4. Begin collecting data on claims consistent with services provided.	Kjersti Langnes/QA Unit Manager  Others involved: OIU Manager, RAT Manager, Assessment Unit Manager	2/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA APD MRDD CCMC	5. Submit first report of monitoring data related to claim submission consistent with services provided to QIW.	Kjersti Langnes/QA unit Manager	3/9/10	
	6. Develop remediation protocol related to performance variances in claim submission consistent with services provided to QIW.	Kjersti Langnes/QA Unit Manager Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager	4/13/10	
	7. Collect Remediation information related to performance variances in claim submission consistent with services provided to QIW.	Kjersti Langnes/QA Unit Manager Others involved: RAT Manager, Assessment Unit Manager, Waiver Unit Manager	5/1/10	
	8. Submit first report of remediation data collected related to performance variances in claim submission consistent with services provided to QIW.	Kjersti Langnes/QA unit Manager	6/8/10	
	9. Verify implementation plan is in place for ICD-10 with targeted date of functionality in 2013.	Chris Hamilton/RAT Unit Manager	10/1/09	
	10. Begin to implement new rate methodology developed subsequent to Myers and Stauffer's rate consultation and report to ensure uniform rate methodology across all Waivers	Jack Nielson/Office of Rate Review Executive Director	7/1/10	The State of Alaska contracted with Myers and Stauffer to conduct a rate consultation. A new rate calculation system stemming from that

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

OA APD MRDD CCMC	and services.			comprehensive review is targeted for implementation during the state fiscal year 2010.
	11. If necessary, implement programming changes in DS3 to accommodate rate methodology.		7/1/10	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

**QUALITY IMPROVEMENT STRATEGIES**

In addition to the quality elements described above as they relate to specific assurances/subassurances, the Quality Improvement Strategy employed by Alaska will be augmented by the following actions. These actions will support all four Waiver Programs: Older Alaskans, Adults with Physical Disabilities, Children with Complex Medical Conditions and Persons with Mental Retardation/Developmental Disabilities

<b>ACTION ITEM</b>  QIW – Quality Improvement Workgroup	<b>RESPONSIBLE PERSON</b>  QA = Quality Assurance RAT = Research Analysis Team OIU = Operational Integrity Unit	<b>DUE DATE</b>	<b>STATUS</b>
1. Develop a comprehensive plan for trending, prioritizing and implementing system improvements founded on evidence created by monitoring performance measure compliance/variances and remediation activities.	Kjersti Langnes/QA Unit Manager  Others involved: Chief of Programs, Assessment Unit Manager, Waiver Unit Manager, RAT Unit Manager, ITS Manager, OIU Manager	6/1/10	
2. Review current QIS to assess strengths and identify any gaps that need to be addressed.	Kjersti Langnes/QA Unit Manager  Others involved: Chief of Programs, Assessment Unit Manager, Waiver Unit Manager, RAT Unit Manager, ITS Manager, OIU Manager	1/1/10	
3. Reevaluate and implement changes to the quality review activities conducted by OIU to reduce duplication and directly tie activities to the DSDS QIS.	Andy Sandusky/OIU Manager  Others involved: Waiver Unit Manager, QA Unit Manager, Chief of Programs	12/15/09	8/28/09 – Formulated workgroup and evaluated feasibility of project.



**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

4. Develop a description of cross-waiver QIS to be included in Appendix H of waiver renewal applications.	Kjersti Langnes/QA Unit Manager  Others involved: Chief of Programs, Assessment Unit Manager, Waiver Unit Manager, RAT Unit Manager, ITS Manager, OIU Manager	8/1/10	
5. Develop an updated DSDS organization chart and descriptions of units/teams/committees/work groups and functions related to quality improvement.	Kjersti Langnes/QA Unit Manager  Others involved: Chief of Programs, Assessment Unit Manager, Waiver Unit Manager, RAT Unit Manager, ITS Manager, OIU Manager	1/1/10	
6. Establish valid sampling approaches for each performance measure where less than 100% of population will be reviewed.	Kjersti Langnes/QA Unit Manager  Others involved: Chief of Programs, Assessment Unit Manager, Waiver Unit Manager, RAT Unit Manager, ITS Manager, OIU Manager	1/26/10	
7. Establish remediation processes for each performance measure.	Kjersti Langnes/QA Unit Manager  Others involved: Chief of Programs, Assessment Unit Manager, Waiver Unit Manager, RAT Unit Manager, ITS Manager, OIU Manager	As outlined in CAP for each subassurance.	
8. Establish a system for generating performance reports. Identify necessary IT changes and staff development needed for producing reports.	Ted Israelson/ITS Manager  Others involved: QA Unit Manager, RAT Manager	2/18/11	
9. Establish a process for how reports will be distributed, who will review, who will approve, who will ensure that necessary system improvements are	Kjersti Langnes/QA Unit Manager  Others involved: Chief of Programs, Assessment Unit Manager, Waiver Unit Manager, RAT Unit Manager, ITS Manager, OIU Manager	11/9/09	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

made.			
10. Incorporate continual quality improvement analysis in QIW and Quality Improvement Steering Committee functions to ensure ongoing monitoring and analysis of system design changes and monitoring methods employed.	Kjersti Langnes/QA Unit Manager  Quality Improvement Steering Committee	11/9/09	
11. Engage the participant and provider community in talking forums to elicit feedback and forge collaborative relationships related to employing quality improvement strategies.	Angela Salerno/System Development Manager	9/3/09	8/28/09 – 6 provider forums have been conducted.
12. Analyze feedback from participant and provider community and develop a plan to incorporate relevant and contemporary feedback into quality improvement strategies.	Angela Salerno/System Development Manager  Others involved: QA Unit Manager, Deputy Director, Chief of Programs	7/1/10	
13. Conduct gap analysis for data control and staff education needs regarding data entry procedures and data definitions.	Chris Hamilton/RAT Unit Manager  Others involved: QA Unit Manager	12/1/09	

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
CORRECTIVE ACTION PLAN –SEPTEMBER 3, 2009**

14. Analyze the continued use of PES tool to elicit participant feedback in relation to the staffing resources required to utilize this tool meaningfully vs. an alternate method of engaging participants in providing feedback to enhance quality strategies.	Kjersti Langnes/QA Unit Manager	11/9/09	
15. Develop and implement chosen strategy to elicit participant feedback on quality strategies.	Kjersti Langnes/QA Unit Manager	1/1/10	
16. Reevaluate and implement changes to the quality review activities conducted by OIU to reduce duplication and directly tie activities to the DSDS QIS.	Andy Sandusky/OIU Manager  Others involved: Waiver Unit Manager, QA Unit Manager, Chief of Program	12/15/09	8/28/09 – Formulate workgroup and evaluate feasibility of project.
17. Work with NQE as required in initial and continued corrective action plan development and implementation.	Kjersti Langnes/QA Unit Manager  Others involved: Chief of Programs, Assessment Unit Manager, Waiver Unit Manager, RAT Unit Manager, ITS Manager, OIU Manager	8/17/09	DSDS has worked with Thomson Reuter onsite and in an ongoing fashion will continue to work with their designated team remotely.